

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						10073045			
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2	/					52			
3						53			
4						54			
5						55			
6						56			
7						57			
8	/					58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16	/					66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24	/					74			
25						75			
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39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4					TOTAL IND.			
TOTAL DEP.	30					TOTAL DEP.			
TOTAL CLAIMS	34					TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS